PTO/SB/05 (08-03) Approved for use through 07/31/2006. OMB 0651-0032

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UTILITY PATENT APPLICATION		Attorney Docket No.						
		First Inventor	Lai, Ming					
TRANS	SMITTAL	Title	Patient-Verified Preso	crip				
(Only for new nonprovisional a	applications under 37 CFR 1.53(b))	Express Mail Label No.	ERO36	435503US				
	ON ELEMENTS ing utility patent application contents.	ADDRESS TO:	Commissioner for Pater P.O. Box 1450 Alexandria VA 22313-14					
Oath or Declaration Newly executed (original continuation of the c	intity status. [Total Pages 13] forth below) ention ed Applications Is sponsored R & D sting, a table, ting appendix on ention ention (It filed) 13) [Total Sheets 3] [Total Sheets 1] inal or copy) plication (37 CFR 1.63(d)) sional with Box 18 completed) INENTOR(S) ached deleting inventor(s) plication, see 37 CFR b).	Computer Prog 8. Nucleotide and/or A (if applicable, all nec a. Computer b. Specificat i. CD- ii. Pap c. Statemen ACCOMPAN 9. Assignment P 10. 37 CFR 3.73(if (when there is) 12. Information Distatement (ID) 13. Preliminary Ar 14. Return Receip (Should be sp 15. Certified Copy (if foreign prior) 16. Nonpublication (b)(2)(B)(i). Ap or its equivale	mino Acid Sequence S ressary) Readable Form (CRF) resion Sequence Listing of ROM or CD-R (2 copie ref rests verifying identity of a VING APPLICATIO representation of the sequence of the sequ	above copies ON PARTS Courment(s)) Power of Attorney Attorney Copies of IDS Citations Citations S.C. 122 m PTO/SB/35				
18. If a CONTINUING APPLICAT specification following the title, or	FION, check appropriate box, and sup in an Application Data Sheet under 3	oply the requisite information 17 CFR 1.76:	below and in the first	sentence of the				
Continuation Divisional Continuation-in-part (CIP) of prior application No.: Prior application information: Examiner For CONTINUATION OF DIVISIONAL APPS only; The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. 19. CORRESPONDENCE ADDRESS								
Customer Number:		OR E	Correspondence a	ddress below				
Nome				GG1033 DG10W				
Address P. O. Box 10845	Lai, Ming P. O. Box 10845							
City Pleasanton	Pleasanton State CA Zip Code 94588							
1 Icasamon		elephone (925) 829 1752	Fax	94588 (925) 399 5492				
Name (Print/Type) Lai, Ming	1	Registration No. (Attorney						
Signature			Doto	11/2/23				

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PTO/SB/17 (10-03)

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FEE TRANSMITTAL			ᄔ	IlqqA	cation	Numb	er		
for EV 2004				Filing Date					
for FY 2004				First Named Inventor		ntor	ai Ming		
Effective 10/01/2003. Patent fees are subject to annual revision.				Examiner Name					
Applicant claims small entity status. See 37 CFR 1.27				Art Unit					
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	nal fee(s) or any underpay	, ,					Examiner	action	├
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1. BASIC FILING	FEE		1252	420	2252	210	Extension	n for reply within second month	
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1002 340 2002	170 Design filing fee	, -20	1401	330	2401	165	Notice of	Appeal	
	265 Plant filing fee		1402	330	2402		_	rief in support of an appeal	<u> </u>
	Reissue filing fe		1403	290	2403			or oral hearing	
1005 160 2005	80 Provisional filing			1,510	1451	•		institute a public use proceeding	
SUBTOTAL (1) (\$) 385			1452		2452			revive - unavoidable	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE				1,330 1,330	2453 2501			revive - unintentional	
	Extra Claims	Fee from below Fee Paid	1502	480	2502		Design is:	ue fee (or reissue) sue fee	
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1201 86 220 1203 290 220	·	aims in excess of 3 dent claim, if not paid					(37 ČFR 1	1.129(a))	
1203 290 220)4 43 ** Reissue inde	pendent claims	1810	770	2810	385		additional invention to be (37 CFR 1.129(b))	<u> </u>
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1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent			1802	900	1802	900		for expedited examination in application	
SUBTOTAL (2) (\$) 43				Other fee (specify)					
**or number previously paid, if greater; For Reissues, see above				ced by	Basic F	iling Fe	ee Paid	SUBTOTAL (3) (\$)	
SUBMITTED BY (Complete (if applicable))									
Name (Print/Type) Lai, Min				Registrat		1		Telephone (925) 82	91752
Signature (433) 0277732									

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